

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 118338

Date: January 14, 2004

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): CUFF VOLUMETRIC PULSE WAVE OBTAINING APPARATUS, CUFF VOLUMETRIC
PULSE WAVE ANALYZING APPARATUS, PRESSURE PULSE WAVE OBTAINING
APPARATUS, AND PRESSURE PULSE WAVE ANALYZING APPARATUS

By (Inventors): Kiyoyuki NARIMATSU

- ☒ Formal drawings (Figs. 1-5; 5 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
 (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to COLIN MEDICAL TECHNOLOGY CORPORATION.
☐ The executed Assignment is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☒ Entitlement to small entity status is hereby asserted.
☒ A Preliminary Amendment is filed herewith.
☒ Priority of foreign application No. 2003-016797 filed January 24, 2003 in Japan is claimed (35 U.S.C. §119).
☒ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	20 - 20	= 0*
INDEP CLAIMS	13 - 3	= 10*
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY

RATE	FEE
	\$ 385
x 9 =	\$
x 43 =	\$ 430
+ 145 =	\$
TOTAL	\$ 815

OTHER THAN A
SMALL ENTITY

RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$

- ☒ Check No. 150116 in the amount of \$815.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,



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